



# Resisting Risk-Averse Practice: The Contribution of Social Pedagogy

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The increasing predominance of practices associated with risk and 'risk management' within social work has been noted in recent years. Some writers have observed threats to fundamental values of social work and cite the problem of risk-aversion and excessive caution. In residential child care settings in Scotland, the author and colleagues noted an increasing problem of 'risk averse' practice in relation to very basic and nonrisky outdoor activities such as trips to the beach or cycling. This article gives an account of various policy and guidance responses that were developed as regulatory authorities began to recognise the dangers of over-protection and the growth of written 'risk assessments' within small-scale group homes that were intended to provide 'homely' care for children and young people. The article notes the contribution of training in social pedagogy, which has recently been undertaken by some residential staff in Scotland and elsewhere in the United Kingdom. One of the impacts of this training has been a reported decrease in risk-averse practice including a greater willingness to undertake outdoor activities. The reason why the adoption of a social pedagogic approach might challenge risk-averse practice is tentatively suggested.

■ **Keywords:** risk, social pedagogy, children, residential care, outdoor activities

There have been growing concerns about the way in which a high degree of 'risk consciousness' has influenced social work and care practice generally (Kemshall, 2002; Parton, 1998). In this article I will examine a specific example of highly risk-averse practice, which has emerged in residential (group) care of children in Scotland. The article will illustrate the insidiousness of risk-averse thinking in relation to outdoor recreation, and the loss of confidence among residential carers to take responsibility for day-to-day decisions. It will consider the potential of a social pedagogic approach to equip residential workers to recover appropriate professional confidence and challenge the assumptions behind risk-averse practice.

In the first part of this article I will summarise research about risk-averse practice in relation to outdoor activities with children (McGuinness, Stevens, & Milligan, 2007) and the subsequent development of guidance intended to address this situation (Scottish Institute for Residential Child Care, 2010). In the second part of the article I will draw upon several reports and evaluations of social pedagogy training and development

amongst residential staff across the United Kingdom (UK). The impact of the learning about social pedagogy on practice will be examined, in particular, for what it might say about areas raised in the first section.



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## The Influence of Risk-Based Approaches Within Social Work

The growing influence of risk-based approaches to British social work practice has been widely documented in recent years, notably by Parton (1998, 2006) and Kemshall (2002). These writers, and others (e.g., Cree & Wallace, 2005), have built on the concepts originally developed by Beck (1992) about the emergence of the 'risk society', in response to growing public concern, and even panic, about wide-scale threats such as nuclear contamination, pollution, or genetic modification of foods. In such a context governments and public agencies, even those with responsibility for welfare, become more concerned with, 'the avoidance of harms rather than the pursuit of the collective good' (Kemshall, 2002, p.22).

Kemshall et al. (1997) have argued that risk has become the dominant *raison d'être* of the personal social services, central to priority setting and rationing, and exhibited in the activities of staff and the managerial systems used to hold them to account. (Kemshall, 2002, p.24)

The consequence is that senior managers in social welfare organisations seek to manage risks via detailed procedures and guidance, while for the 'frontline' worker the need to 'watch your back' is forever at the front of their minds. According to Cree and Wallace (2005):

This [excessive caution] is undoubtedly a real possibility in social work, as workers become afraid to show creativity and initiative, and become procedure-driven and overly concerned with self-protection. (p.125)

Smith (2009) claims that the emergence of risk assessment practices in residential contexts, while intended to manage risk, has not in fact made workers feel more supported but has instead promoted a fearful approach to practice:

The terminology of risk, epitomised in the refrain that will be so common to social workers or residential workers, 'have you done a risk assessment?', is symptomatic of this collective, essentially fearful state of mind, and can only be made sense of within these wider social trends and attitudes towards risk. (Smith, 2009, p. 4)

It is striking that much of the social work writing about the growth of the risk paradigm originates in concerns about child abuse and protection (Parton, 1998), and anxiety about the risk to the public posed by offenders, including sex offenders (Kemshall & McIver, 2004). In contrast, the focus of this article concerns activities which do not pose any kind of threat to the subjects or to the wider public. It illustrates the pervasiveness of risk discourses, which have intruded into the daily care of children within domestic care environments; environments which are intended to replicate family life as closely as possible.

## The Intrusion of Risk-Aversion Into the Lifespace

Several years ago a colleague and I began to notice that children in residential care were being denied routine outdoor recreational activities, due to a belief that formal risk assessments, parental consent forms and insurance checks had to be carried out on every occasion (Milligan & Stevens, 2006). We had both been residential practitioners ourselves in the 1990s and were aware even then that regulation and more burdensome 'checking' had increased, before children were allowed to participate in activities such as a hill walk in good weather. What we now noticed was the extension of these checks and restrictions into areas of absolutely routine, basic outdoor activities such as a trip to the beach. There was a concomitant loss of confidence among residential workers, including managers, in their capacity to make such decisions, without reference to external line managers, social workers or birth parents. We believed that this was a mis-application of good principles – such as working in partnership with parents, and also evidence of residential workers being disempowered. This latter fact was especially ironic given the long-established emphasis on residential workers contributing fully to achieving care-plans, and working on an equal and collaborative basis with social workers and others (Jackson & Kilroe, 1995; Skinner, 1992). Of course we were well aware of wider societal concerns, of living in a 'litigation conscious' society and the growing use of checklist-based 'risk assessment' procedures. We were concerned that children in residential care were being denied basic rights for leisure opportunities, and that professional residential practice was being compromised. We also believed that it was likely that some of these risk-averse actions were based on significant misunderstandings of law and guidance, and indeed myths, which required unpicking and challenging. We carried out some small-scale research which verified the anecdotal picture we had been building up (Milligan & Stevens, 2006).

Subsequently, Scotland's Commissioner for Children and Young People became involved and funded further research (McGuinness et al., 2007). The commissioner took the view that these kinds of practices amounted to an institutionalisation of care, and went against the grain of the promotion of 'normal' daily life as the template for contemporary residential care. Children who are not cared for by the state are able to undertake outdoor activities without elaborate requirements for permissions and risk-assessments, or rather with the 'normal', undocumented and informal 'risk assessment' done by any adult in a parenting role.

The research confirmed the existence of considerable constraints on staff undertaking basic activities with children in their care. Some children, for example, were required to undertake excessive and stigmatising risk-avoidance measures — putting on arm and knee pads (as

well as helmets) before being allowed on a bicycle and others were required to sign forms saying they had received advice on where to ride a bicycle. The latter is a useful example of the tendency to produce guidance or procedures which are more about protecting the staff and the organisation rather than the young person. The research also found many rules associated with going anywhere near water, such as the requirement that children could only go to the beach if a staff member had a current life-saving certificate. However, when asked, most of the residential workers were unable to produce actual written guidance, rather practice had grown up on the basis of verbal passing on of beliefs from one member of staff to another (McGuinness et al., 2007, p. 39).

Further, residential workers often held a mistaken belief that they could not give consent for the children in their care to do ordinary outdoor activities, and had instead to seek out birth parents to get their written consent. Following the publication of the research the commissioner and the government commissioned a working party to look into the subject and produce (nonstatutory) guidance, which was subsequently issued: *Go Outdoors! Guidance and Good Practice on Encouraging Outdoor Activities in Residential Child Care* (Scottish Institute for Residential Child Care [SIRCC], 2010). The working group that developed the guidance included senior staff from the Health and Safety Executive (HSE), the Association of British Insurers (ABI), the Royal Society for the Protection of Accidents (RoSPA). The guidance dispelled myths about parental consent-seeking, and over-elaborate health and safety requirements, and encouraged residential teams to do as it said in the title. Often there is an assumption that 'health and safety' or 'insurance requirements' dictate risk-avoidance practice, however, it is important to note that these organisations are working hard to refute what they see as myths about health and safety requirements. The HSE ran a 'myth of the month' feature on its web site for four years in attempt to 'dispel some of the most widely believed health and safety myths' (HSE, 2010) and they have made a number of blunt public statements:

Good leadership maintains a focus on the real health and safety issues and distances itself from the 'jobsworth' approach and those instances where health and safety is used as a convenient excuse for not doing something. (HSE, 2009, p. 9)

Similarly, the ABI was clear that parental form signing was in no way related to insurance cover: 'As far as insurers are concerned, organisations tell them what their activities will be and the insurer covers them for those activities ... if they are covered, they are covered' (SIRCC, 2010, p.4).

Undertaking outdoor activities is not the only aspect of residential practice being undermined by the fears of staff. The whole area of 'touch' between adults and children, from playfulness to showing personal care or compassion

with hugs, has become a source of anxiety (Smith, 2009), which also affects others involved in taking care of children such as nursery workers and teachers (Piper, Powell, & Smith, 2006). It is important to note, as in the case of outdoor activities, that this trend has not gone unchallenged. Within professional conversations many voices will be raised against such fearfulness when these topics are discussed. Nevertheless the wider anxiety pertains and issues around touch are often governed by policies or procedures that relegate the professional judgement of workers, such as general prohibitions against any form of —'horseplay amongst males, or the suggestion that carers should routinely ask children if they would like a hug'. Such practices carry the suggestion to children that their carers are 'dangerous or possibly lecherous' (Smith, 2009, p. 127), and suggest the emergence of 'sterile climates of care' warned against by Kent in his review of safeguarding (Kent, 1997).

All these issues and the range of responses to them suggest to this writer that residential workers need to be equipped to respond to fears of inappropriate forms of care, and able to assess risk in a way which does not undermine the fundamental care task. Various forms of guidance can only go so far in trying to hold back the excesses of risk-averse practice. Clearly there is a need for workers to have confidence in their ability to make decisions about daily care for children without looking to external authorities to tell them how to provide routine day-to-day care.

## Rights and Regulatory Approaches to Resisting Risk-Averse Practice

The dangers of 'over-protection' have been recognised in the national standards governing the running of children's homes in Scotland. The National Care Standards: Care Homes for Children, state that children and young people 'should enjoy safety but not be over-protected' (Scottish Executive, 2005, p.7–8). The normative intent of the guidance likewise emphasises 'Your daily life in the care home should be as similar as possible to that of other children and young people' (p. 26)

The long-established commitment to the United Nations Convention on the Rights of the Child (UNCRC) should also provide a bulwark for promoting participation in normal daily activities and countering a risk-averse approach. The UNCRC is concerned to keep children safe and protected from harm. It is relevant to note, however, that Article 6 talks about the right to 'survival and development', thus linking protection to a child's growth and development. Children's growth and development will always contain an element of risk-taking or rather, learning from experience to manage risk. All parents and carers will want to see their child manage risks that are appropriate for their age and stage and which promote their capacity to function in their society. Article 31 of the con-

vention is relevant in this context as it emphasises both the right of every child 'to engage in play and recreational activities' and the state's duty to, 'encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity' (UNICEF, 1989). Further, within the UK, as elsewhere, there has been a strong emphasis on the rights of children as 'service users' in social work policy and professional practice. It might be thought that a 'rights approach' would encourage care staff to provide many experiences for children that promote physical and social development. However, these various emphases, or discourses, within policy and professional practice — risk assessment, children's rights, normalisation (providing 'homely' care), parents rights — are not necessarily well integrated. Often it seems the fear of blame if accidents were to happen, and the consequent need to avoid blame by 'covering your back', is prioritised over a needs-led or a rights-led practice (Milligan & Stevens, 2006).

The regulatory body which inspects children's homes in Scotland is the Care Commission (now Social Care and Social Work Improvement Scotland). One of the reported tendencies of staff in a variety of inspected services, including residential homes, has been to pass on the blame for risk-averse practice onto the inspectors, epitomised by the phrase 'they wouldn't allow it' (Hill, 2008). However, in response, that particular agency has challenged the existence of certain accounts as 'fables' and 'urban myths' and attempted to pass the responsibility back to service providers with the claim that 'We are committed to regulating in a way that supports best practice, provides assurance and does not stifle innovation' (Hill, 2008, p.22), before going on to assert that:

The importance of appropriate risk taking in children's physical and emotional development is crucial. All activities will have some degree of risk associated with them. (Hill, 2008, p. 23)

Nevertheless, despite these welcome affirmations it is important not to place the burden of responsibility on those at the bottom of professional hierarchies, such as residential workers. Workers are only likely to truly exploit the possibilities of outdoor activity if they feel they are trusted by their managers. As noted earlier (Smith, 2009), residential workers and others in similar child care roles are not only dealing with perceived risks to children, but are also operating in a 'fear' or blaming environment where they themselves feel at risk even if something very minor happens. One of the differences that European social pedagogues have experienced when placed in residential units in the UK is that they are not trusted to make decisions the way they would be at home (Cameron, Petrie, Wigfall, Kleipoedusz, & Jasper, 2011). The *Go Outdoors!* guidance and the exhortations from the Care Commission discussed earlier will only be acted upon by confident, rather than fearful, practitioners. To take

advantage of guidance which has an enabling intent, at a time of heightened risk sensitivity, will require practitioners who take responsibility for a child's all-round development and evaluate potential risks in that context.

## UK Residential Workers Perceptions of Social Pedagogy

As reported elsewhere in this special issue, since 2006 a number of pilot projects have been undertaken with the aim of introducing social pedagogy into residential child care in the UK (Bengtsson, Chamberlain, Crimmens, & Stanley, 2008; Bird & Eichsteller, 2011; Cameron, 2007). In England the Department for Children, Schools and Families (DCSF; now the Department for Education) established a major pilot program. This involved placing two social pedagogues, recruited mainly from Germany and Denmark, into selected residential homes in England for a period of up to two years. Their role was to practice as residential workers but drawing on their social pedagogy training to model and explain their approach. In Scotland the SIRCC has promoted interest in social pedagogy and funded the delivery of a 10-day training course for groups of residential workers from a number of agencies. Evaluations of these projects and courses have been carried out and in this section of the article the findings are considered and, in particular, findings concerning the development of staff who are more confident in their role, which is necessary to overcome the excesses of risk-aversion.

The following comment comes from the evaluation of an English pilot project involving social pedagogues working with residential staff in either training or mentoring roles:

Participants report the biggest impact of this project was either a reconfirmation or gaining of new perspectives on how to meet the needs of young people in residential child care without needing to discard the knowledge and experience they had already built up ...

As one participant put it

over the years, 'the head' for example, staff policies, risk assessments [emphasis added], children coming in as a last resort, has dominated how I perceive and work with the young people. I have rediscovered [emphasis added] 'the heart' and can see working with these young people with a renewed perspective. (Bengtsson et al., 2008, p. 3–4)

One Scottish evaluation was based on the views of a group of staff from a large voluntary organisation who undertook the training. The evaluation used questionnaires and interviews to explore participants' opinions. All 16 of the participants gave the training the highest score on a 5-point scale (the training was 'very useful, highly relevant'). This was a staff group which included staff with varied levels of qualifications from none (foster parent) to social work degrees (residential unit managers). They all

reported new learning although for some this amounted to new ways of thinking about existing practice:

Most if not all of the concepts and ideas were familiar — however I feel that many, especially communication/practical engagement and participation were reframed in a more meaningful way.

I didn't feel much [sic] of the concepts were new however, the theory and underpinning was. (Milligan, 2009, p. 15)

A number of respondents in this survey drew attention to the importance of becoming more active with the children, and seeing the value of it, rather than the risk. One respondent recalled one weekend when he had encouraged a group of the young people to go and build a 'den' in woods nearby:

The kids got right into it — they really enjoyed building the den and wanted to go back there the next day too. Even the boys who tended to fight with each other were getting on really well making the den. (Milligan, 2009, p. 17)

One residential worker from Essex, who has been part of the social pedagogy training and development there, has written up some of the impacts of the new thinking on her and her colleagues' practice. In it she gives an account of both the bureaucratic application of supposed risk-assessment to a trip to the beach and the more positive developments since.

To give you an understanding of how far we've come in a short time I ask you to consider how prior to the implementation of social pedagogy we were almost considered to be 'risk-obsessed' and of having a 'cotton wool' approach to care.

For example, our young people were only allowed to go to the beach if an extensive risk assessment was written, then the area was combed for dangerous objects, and subsequently, if all was ticked and approved ... they were only allowed to paddle in the sea to knee height anyway!

Yet where we were previously restrained by particularly strict risk-assessment factors such as this, we have now successfully moved towards a growing confidence in our own judgement, by questioning and challenging practice and procedures in order to better socialise and equip our young people in today's society. (Bird & Eichsteller, 2011, p. 1)

## Reframing 'Risk'

Some of the proponents of social pedagogy within the UK have proposed the notion of developing 'risk competence', rather than 'risk-assessment' in work with children (Eichsteller & Holthoff, 2009). This approach locates the appropriate management of risk within a wider frame of the developing child and their rights to learn and participate. Because they are driven primarily by their responsibility to promote children's development the social pedagogue is more likely to understand that just as

you can't learn to roller-skate without falling down a few times, so children need to learn how to fall, not to avoid it altogether.

In this context the responsibility on carers is to help each child learn about dangers in their environment by adopting the perspective that the child can learn how to manage dangers rather than being absolutely protected from them in advance. Such an approach also takes account of children's holistic development, and a rights-based approach that emphasises children's rights to participate in play and physical exercise. What social pedagogy offers is a broader social care philosophy and an emphasis on the workers use of relationship with the child to promote their healthy development. This provides a positive model, or basis for practice, which replaces the rather limited and unreflective idea of 'care' which has become dominated by a focus on 'safety' and constant risk assessment.

Operationalising such social pedagogic practice requires informed practitioners, who are knowledgeable about children's development, needs and rights, and equipped with a confident 'use of self' (Feilberg, 2008; Smith, 2005). Evidence from the evaluations examined above suggest that workers do gain an increased confidence to challenge risk-aversion, and find within social pedagogy a framework on which to 'hang' the ideas and practices, for which they had previously lacked a theoretical justification. Having access to social pedagogy frameworks means that residential workers can defend an activity, such as camping or trips to the beach, in terms of its developmental benefit, and not as something they have to view solely in terms of its possible risks.

Social pedagogy emphasises reflective practice, and promotes the idea of workers seeking to understand the child's worldview (Cameron et al., 2011). The following example of how the social pedagogy training had encouraged two senior practitioners to 'step back' and take a less reactive, more reflective approach to an incident, illustrates the possibilities for more confident interventions in tricky situations:

I see an impact of both the staff team because Alan and I when we are on shift together [shortly after the course] when we are called into a different Unit. There's quite few new staff on, we both kind of stood back and watched what has been happening, then Alan picked out a strength from each team member and fed them a bit more 'do you think it would be good to do this' and let them do it, cause usually we'd have just went in, took over the shift and sorted the kids out. (Milligan, 2009, p. 18)

## Conclusion

Real risks, both in daily life and those that arise from particular children's needs and capacities, do need to be 'managed'. Parents do this every day and teams of care staff need to be trusted, and supported, to consider the

situation of each child, or group of children, and to promote a range of everyday experiences as per the requirements of the National Care Standards (Scottish Executive, 2005). Nevertheless, high levels of risk-aversion have been widely noted, in all areas where professionals engage with children (e.g., Piper et al., 2006). Residential practitioners work in the lifespan of children and their task necessarily involves care practices that are usually performed by families, especially parents. They are responsible, even temporarily, for the upbringing and development of the children in their care and they used to have considerable autonomy in terms of taking responsibility for all aspects of the child's daily life. However, in recent years, their emotional and practical 'parenting' roles have become entangled in some of the guidelines and procedures that have enveloped social work in the UK over the past two decades. There is much anxiety about 'poor outcomes' from care and a desire to improve the quality of care (Department for Education and Skills, 2006; 2007; Scottish Executive, 2007), yet because of the level of anxiety about risks, and the development of extensive risk assessment paperwork, workers are inhibited in performing some of their basic nurturing tasks.

The introduction of social pedagogy into residential child care in the UK should not be viewed as any kind of 'magic wand', nor indeed is the practice it generates completely new. It does, however, bring a largely new philosophical and theoretical framework or orientation to direct care practice with children and young people. One aspect of this framework is the emphasis on workers' responsibility for child development and not just child protection. Training of social pedagogues in Europe is significantly different to that offered to social workers in the UK, in that practical arts and recreational activities are offered as part of the programme and integrated into the theoretical aspects of children's needs and rights. This combination of 'practical' and theoretical training is well suited to residential workers, and indeed others who spend a substantial part of their time working directly with children. Others have explored the contribution of social pedagogy to the development of the 'early years' workforce (Children in Scotland, 2010). It provides a foundation and framework based on the child and the child's world, and encourages pedagogues to operate on the basis of evaluating each child's individual needs and rights, and their responsibility for the development of the child. Further, because of the emphasis it places on evaluating the worker's relationships with the child, it strengthens the possibility of truly relational rather than procedural practice. The evidence thus far is consistent — albeit qualitative rather than systematic — and indicates that workers who receive in-service training in the principles of social pedagogy can operate more confidently, and are more willing to undertake activities that they have previously been inhibited from doing. ■

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